

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>32</i> | <i>12/15</i> |
| FORMALITY REVIEW | <i>JK</i> | <i>835</i> | <i>04/03/01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|-------|
| 1 | ✓ | ✓ | 12/15 |
| 2 | ✓ | ✓ | 12/15 |
| 3 | ✓ | ✓ | 12/15 |
| 4 | ✓ | ✓ | 12/15 |
| 5 | ✓ | ✓ | 12/15 |
| 6 | ✓ | ✓ | 12/15 |
| 7 | ✓ | ✓ | 12/15 |
| 8 | ✓ | ✓ | 12/15 |
| 9 | ✓ | ✓ | 12/15 |
| 10 | ✓ | ✓ | 12/15 |
| 11 | ✓ | ✓ | 12/15 |
| 12 | ✓ | ✓ | 12/15 |
| 13 | ✓ | ✓ | 12/15 |
| 14 | ✓ | ✓ | 12/15 |
| 15 | ✓ | ✓ | 12/15 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy